National surveillance programme for communicable diseases in Andhra Pradesh

2540. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether some parts of Andhra Pradesh have been covered under the National Surveillance Programme for Communicable disease to control epidemic prone diseases;

(b) if so, the details thereof, district wise; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) Yes, Sir. Six districts of Andhra Pradesh have been covered under National Surveillance Programme for Communicable Diseases, namely:—

(1) East Godavri (2) Mahaboobnagar (3) Visakhapatnam (4) Medak (5) Guntur and (6) Cuddapa.

Lack of Indian patent laws

2541. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether lack of Indian Patent laws affects Multi-national Drug Companies adversely;

(b) if so, the details thereof; and

(c) its impact on investment on research for new drugs?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (c) The factors affecting the performance of the individual multinational drug companies are not monitored by the Government of India.

TB among beedi workers

†2542. DR. ABRAR AHMED: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

†Original notice of the question was received in Hindi.

(a) whether Government are aware that beedi workers are the most vulnerable to be afflicted with TB and propose to take strong measures to cure the beedi workers from the disease;

(b) whether Government have any awareness programme in this regard;

(c) the number of TB patients in the Country and the number of those out of them happen to be beedi workers and the steps taken to provide cheaper and free treatment to them; and

(d) whether any immunization vaccine is being invented for the cure of said disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) As per World Health Report, there is association between TB and Smoking and a smoker has increased risk of developing TB. However, there is no information available on the vulnerability of beedi workers to TB. Under the TB Control Programme, all diagnostic and treatment facilities including supply of anti-TB drugs for full course of treatment are provided free of cost to all including beedi workers.

(b) Under the programme Information Education Communication (IEC) activities are regularly undertaken in the entire country. All districts have been asked to make special IEC efforts in vulnerable areas.

(c) Every year there are approximately 2 million new cases in the country of which about 1.2 million new TB cases are detected and put on treatment under the national TB Control Programme. However, no data is available on the number of beedi workers developing TB.

(d) At present BCG vaccination facility is available under Universal Immunization Programme (UIP) for the prevention of serious forms of TB among children. There is no information available on the development of vaccine for cure of the disease.